

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 8

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

04/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915(g) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 4,473.00

b. FFY 2002 \$ 8,946.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, Page 8  
Attachment 4.19-B, Page 389. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):99-08 \* 04/12/99  
Same page, New TN#97-14, Effective 08/01/97  
Same page, New TN#97-14, Effective 08/01/97

10. SUBJECT OF AMENDMENT:

Redefining Target group for DDSD (HCBWS) TCM services and limiting number of units billable  
for the transitional group of recipients.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Michael Fogarty*

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

June 22, 2001

16. RETURN TO:

Oklahoma Health Care Authority  
4545 North Lincoln, Ste. 124  
Oklahoma City, Oklahoma 73105

ATT: Billie Wright

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 26, 2001

18. DATE APPROVED:

August 1, 2001

BY AN APPROVED (ONE COPY ATTACHED)

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

*Calvin G. Blaine*

21. TYPED NAME:

Calvin G. Blaine

TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

cc: Mike Fogarty  
Charles Brout  
Jim Hancock  
Billie Wright\* per link change per e-mail from  
Billie Wright on 7/24/01

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OKLAHOMA**CASE MANAGEMENT SERVICES**

- A. Target Group: Persons with mental retardation and/or related conditions who are served by the Home and Community Based Services Waivers (HCBWS); or individuals who reside in institutions and have requested Home and Community Based Waiver Services, and receive Targeted Case Management services up to 180 consecutive days prior to entering the waiver; or who are being assessed for admission to the Home and Community Based Waivers.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case Management services are activities that assist the target population in gaining access to needed medical, social, educational and other services and supports

Service	Unit	Limitation
Case Management	one (1) month	Maximum of 1 documented unit per

STATE <u>Oklahoma</u>	A
DATE REC'D <u>06-26-01</u>	
DATE APPV'D <u>08-01-01</u>	
DATE EFF <u>04-01-01</u>	
HCFA 179 <u>OK-01-08</u>	

Revised 04-01-01

TN# 01-08 Approval Date 08-01-01 Effective Date 04-01-01  
 Supersedes  
 TN# 99-08

State OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case management services for persons with mental retardation and/or related conditions who are served by the Home and Community Based Services Waivers or individuals who reside in institutions and have requested HCBWS and receive Targeted Case Management services during the transition period or who are being assessed for admission to the Home and Community Based Waivers.

The reimbursement for Developmental Disabilities Services Division Targeted Case Management (DDSDTCM) services is a unit rate based on the monthly cost per case for documented DDSDTCM services. The cost base consists of the annualized cost of qualified case management staff including all applicable overhead and indirect service cost in accordance with the approved DHS cost allocation plan. A first year interim rate is computed by dividing the annual cost base by the projected number of units. Subsequent annual rates will include an adjustment based on previous years cost versus total billable amount. A unit of service is defined as one calendar month of case management, provided that a minimum of one contact which meets the description of a case management activity with or on behalf of the recipient has been documented during the month claimed. No more than six units of DDSDTCM may be provided and billed for each eligible Medicaid recipient during their transition period from the institution, or for those who are being assessed for admission to the Home and Community Based Waivers. In no case may transitional and regular DDSDTCM be billed for the same recipient for the same month.

Payment will be made on the basis of claims submitted for payment. The provider bills at the monthly unit rate for a documented unit of Medicaid DDSDTCM services provided to each Medicaid eligible recipient during the calendar month. A maximum of one unit of DDSDTCM per month can be billed for each Medicaid eligible recipient. The units of Medicaid DDSDTCM services provided will be documented by the case manager.

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